

**UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
COSME GOMEZ, Antonio et al. : Confirmation No.: 4970  
Serial No.: 10/573,329 : Art Unit: 1614  
Filing Date: March 24, 2006  
For: CRYSTALLINE FORM OF  
GATIFLOXACIN

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
Attn.: Office of Initial Patent Examination  
Customer Service Center

December 4, 2006

Dear Sir:

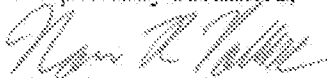
Applicant respectfully requests that a corrected filing receipt be issued in connection with the above-identified patent application. Specifically, as indicated in the marked-up enclosed copy of the filing receipt, the first name of the first inventor added as "Antonio Cosme Gomez".

It is respectfully advised that the first name of the first inventor had been set forth as above in the Application Data Sheet as filed with the application, and accordingly it is submitted that correction is appropriate. A copy of the Application Data Sheet as filed is enclosed herewith for your reference.

It is respectfully requested that the correction be entered into the record and that a corrected filing receipt be forwarded to us at your earliest convenience.

It is believed that no fee is due in this connection. However, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 23-2820.

Respectfully submitted,



Noam R. Pollack

Reg. No. 56,829

For WOLF BLOCK SCHORR & SOLIS-COHEN LLP

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/573,329	03/24/2006	1614	450	OFI001 830903	6	5	2

CONFIRMATION NO. 4970

21831  
 WOLF BLOCK SCHORR AND SOLIS-COHEN LLP  
 250 PARK AVENUE  
 NEW YORK, NY 10177

## FILING RECEIPT



\*0000000021026867\*

Date Mailed: 10/31/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

*Applicant* Cosme Gomez, Torres de Alameda, SPAIN;  
 Javier Villasante Prieto, Madrid, SPAIN;  
 Francisco Palomo Nicolau, Alcala De Henares, SPAIN;

Power of Attorney: The patent practitioners associated with Customer Number **21831**.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/IB04/03652 11/05/2004

## Foreign Applications

SPAIN P-200302643 11/13/2003

If Required, Foreign Filing License Granted: 10/28/2006

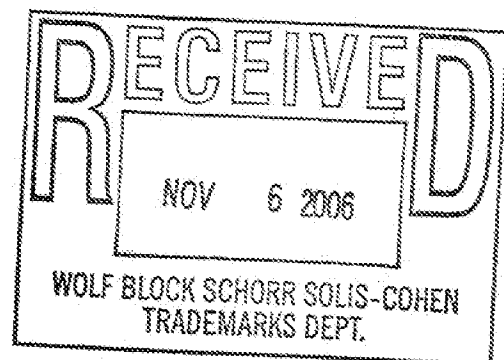
The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/573,329**

Projected Publication Date: 02/08/2007

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*



## Title

Crystalline form of gatifloxacin

## Preliminary Class

514

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**Title 37, Code of Federal Regulations, 5.11 & 5.15**

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## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: *Regular*Subject Matter:: *Utility*

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: *None*

Number of CD disks::

Number of copies of CDs::

Sequence submission?: *None*Computer Readable Form  
(CRF)?:: *No*

Number of copies of CRF::

Title :: *CRYSTALLINE FORM OF  
GATIFLOXACIN*Attorney Docket Number:: *932-1360 OFI 001 830903*Request for Early Publication?: *No*Request for Non-Publication?: *No*

Suggested Drawing Figure::

Total Drawing Sheets:: *3*Small Entity?: *Yes*

Latin name::

Variety denomination name::

Petition included?: *No*

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: *No*

## Applicant Information

Applicant Authority Type:: *Inventor*  
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**NOTE:** Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

## Applicant Information

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Country of mailing  
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Postal or Zip Code of  
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## Representative Information

Representative Customer Number:	21831	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/IB04/03652</i>	<i>11/05/04</i>

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Spain	P-200302643	11/13/03	Yes

## Assignee Information

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Country of mailing address:: *Spain*  
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